

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	A 10 10 10 10 10 10 10 10 10 10 10 10 10	ort Filed By ork X)	Candida	te	Committee		X	Lobbyist
Name of Filing Committee, Candid Lobbyist	late or COMI	MITTEE TO ELECT	LJIM WINAF	RSKI (CITY COUNCIL)			
Street Address	1140	E 31 ST	I		Is-series			
City ERIE			State	PA	Zip Code	16504		
Type of Report (Place x under repo	ort type)							
1-6 th Tuesday 2- 2 nd Friday 3- Pre-Primary Pre-Primary Pri			nd Friday - Election	6- 30 Day Post Election	7- Annual	Special 2 nd Pre-Electio		Special 30 Day Post-Election
Date Of Election	Year			Amendment		Termination	on T	
(MM/DD/YYYY)	11/7		2017	Report		Report		
Summary of Receipts and Fr Expenditures	om Date 11/28/17	To Date 12/31/	/17		For	Office Use O	nly	
A. Amount Brought Forward From		539.1	12	- <u> </u>	<u> </u>	<u> </u>		<u>.</u>
B. Total Monetary Contributions : (From Schedule I)	2 7 4 4 7 0	0	<u>.</u>					
C. Total Funds Available (Sum of Lines A and B)	987	539.1	12					7018
D. Total Expenditures (From Schedule III)		0				• •		Con Notes
E. Ending Cash Balance (Subtract Line D from Line C)		539.:	12			;		<u>ت</u> دی
F. Value of In-Kind Contributions (From Schedule II)	Received	0					; :	- ×
G. Unpaid Debts and Obligations (From Schedule IV)	5	0	,			_ :	- 3	and an analysis of the same of
	Section 1997 Section 1997		Affidavit Se		-		· i -	**************************************
Part 1- if this is a Committee report, tr I swear (or affirm) that this report, incl	easurer sign here. If uding the attached s	this is a Candida chedules on pap	te report, ca er, is to the	andidate sign here. best of my knowled	dge and belief t	rue, correct an	nd comple	
Sworn to and subscribed before me th			· On the law special state of the special state of	The same of the sa	/	\	^	
3P) day of JANY MAY	— —	.1		1/Vecus	of Person Subr	mitting report	سي	·
Kallie Sult	tom con	AMONWEALTH OF	PENNSYL	LERESA HUMES	Printed Nan			<u> </u>
Signature'	U	NOTARIAL Laurie a W	SEAL	14		ne 1-7428		
My Commission expires d d 1	DAY YR.	Notary Po				ytime Telepho	ne Numb	er
Part II- If this is a report of a Candidate	's Authorized Comp	ommission Exp	shall sign h	ere	<u> </u>	· - ,		
I swear (or affirm) that to the best of ramended.	ny knowledge and be	elief this political	committee	has not violated an	ny provisions of	the Act of June	e 3, 1937	(P.L. 1333, NO.320) as
Sworn to and subscribed before me th	is				1	J1/.		.V.
3/St day of JANAMA	_20	1	_	Tame	nature of Cand	J//CU lidate	in	
Frune Sul	thou		_	MES F. WINARSKI	Printed Name			
Signeture $h = 2$	- 16 COMMO	ONWEALTH OF PE NOTARIAL SE		14	806-			
My Commission expires MO. D.	AY YR.	LAURIE A WAT	SON 7	Area Code	Day	time Telephon	ne Numbe	er
	CIT	Y OF ERIE, ERIE	COUNTY	19				
	WIY CON	minosion expires		100				

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	COMMITTEE TO ELECT J	IM WINARSKI (CITY COUN			

		the control of the co	7 2 2 2
1.Uniternized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
Total for the reporting period	(2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period	(3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			3/4/2
Total for the reporting period	(4)	\$	
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Repu	ort	\$ 0	

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Date [MM/DD/YYYY] Street Address Date [MM/DD/YYYY] State Zip Code Date [MM/DD/YYYY]	Amount
Committee City State Zip Code Date [MM/DD/YYYY] S	
City State Zip Code Date [MM/DD/YYYY] \$	
City State Zip Code Date [MM/DD/YYYY] \$	
City State Zip Code Date [MM/DD/YYYY] S Full Name of Contributing Date [MM/DD/YYYY] S Committee Date [MM/DD/YYYY] S City State Zip Code Date [MM/DD/YYYY] S Full Name of Contributing Date [MM/DD/YYYY] S Full Name of Contributing Date [MM/DD/YYYY] S City State Zip Code Date [MM/DD/YYYY] S City State Zip Code Date [MM/DD/YYYY] S Full Name of Contributing Date [MM/DD/YYYY] S	
Full Name of Contributing Committee Date [MM/DD/YYYY] S	
Committee House # Street Address City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee Date [MM/DD/YYYY] \$ Full Name of Contributing Committee	
Committee Date [MM/DD/YYYY] S	
City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Date [MM/DD/YYYY] \$ Committee Date [MM/DD/YYYY] \$ Committee	
City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Date [MM/DD/YYYY] \$ Committee Date [MM/DD/YYYY] \$ Committee	,
Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee	
Full Name of Contributing Committee House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee	
Committee House # Street Address City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee	
Committee House # Street Address City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee	
City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Date [MM/DD/YYYY] \$ Committee Co	
City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Date [MM/DD/YYYY] \$ Committee Co	
City State Zip Code Date [MM/DD/YYYY] \$ Full Name of Contributing Committee	
Full Name of Contributing Committee Date [MM/DD/YYYY] \$	
Committee	
Committee	·
90 90 90 90 90 90 90 90 90 90 90 90 90 9	
House # Street Address Date [MM/DD/YYYY] \$	
City State Zip Code Date [MM/DD/YYYY] \$	<u> </u>
Full Name of Contributing \$	
Committee	
House # Street Address Date [MM/DD/YYYY] \$	
City State Zip Code Date [MM/DD/YYYY] \$	
City State Zip Code Date [Willi) Doj 1 1 1 1	
Full Name of Contributing S	
Committee	
House # Street Address Date [MM/DD/YYYY] \$	
	=
City State Zip Code Date [MM/DD/YYYY] S	

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

			 	-	
Filer identification Number:	COMMITTEE TO ELECT JIM WINARS	SKI (CITY COUNCIL)	 		_
			 ·		

Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	<u> </u>
House # Street Address				
.City.	State	Zip Code	Date [MM/DD/YYYY]	5
Full Name of Contributor				5
House # Street Address		_		5
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor				\$
House # Street Address				*\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$ ************************************
Full Name of Contributor	Page Street Street, og .	The supposed of the grant applicable	Nacci Louald	- 5
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code		(5)
Full Name of Contributor				S
House #			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor	e e e e e e e e e e e e e e e e e e e		Date [MM/DD/1999]	\$
House # Street Address				Š
City *	State	Zip Code		\$\$

PART C Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer identification Number: COMMITTEE TO ELECT JIM WINARSKI (CITY COUNCIL)	
	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee	
House# Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Full Name of	Date [MM/DD/YYYY] S
Contributing Committee House # Street Address	Date [MM/DD/YYYY] \$
City. State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
Gity State Zip Code	Date [MM/DD/YYYY] \$
Full-Name of Contributing Committee	*Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip/Code	Date [MM/DD/YYYY) \$
Full Name of Contributing Committee	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee	Date [MM/DD/YYYY] -\$
House # Street Address	Date [MM/DD/YYYY]

Zip Code

State

Date [MM/DD/YYYY] \$

PART D All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:	"					
rice identification it direct.	NAME OF THE PARTY OF	ECT JIM WINARSKI (C	TV COLINCIA			
u.	NAIMILLEE LO EI	COLUMN WINAUSKI IC	III COONCIL			
			_	 		
Samuel Addition of the Control of th				 		

Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Addres		Date [MM/DD/YYYY] \$
City	State Zlp Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Addres	is	Date [MM/DD/YYYY] \$
City	State Zip Code	*Date [MM/DD/YYYY] \$
Employer Name		(Occupation)
Employer Mailing Address / Principal Place of Business		
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Addres	55	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] 5
City Employer Name		Date [MM/DD/YYYY] 5 Occupation
Employer Name Employer Mailing Address /		
Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor		Occupation Date [MM/DD/YYYY]
Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address	SS\$	Occupation Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor	State Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address	State Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:

Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
City			Code	
Receipt Description	1			
Full Name	<u></u>			
House #	Street Address	Dv=10000000		Date [MM/DD/YYYY] \$
City	er	State	Zip Code	Date [MIN/DD/1111]
Receipt, Description	1.7		8" NM (1800 x 200)	
Full Name				
House #	Street Address			
City		State	Zip. Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address	State	Zip	Date [MM/DD/YYYY] \$
City			Code	
Receipt Description	n 🗼			
Full Name				
House #	Street Address	· · · · · · · · · · · · · · · · · · ·		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt®Description				
House #	Street Address		.	
City City City City City City City City		State	Zip	Date [MM/DD/YYYY] - \$
			Code	
Receipt Descriptio	n/			

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

	TEE TO ELECT JIM WINARS		
1. UNITEMIZED IN-KIND CONTRI	BUTIONS RECEIVED-VAI	UE OF \$50,00 OR LESS PER CONT	RIBUTOR
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.0	TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
3 IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250	.00 (FROM PART G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals for Page 1, Report Cover Page, Item F)			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

	· · · · · · · · · · · · · · · · · · ·	 	
Filer Identification Number:	COMMITTEE TO ELECT JIM WINARSKI (CITY COUNCIL)		

			la F	ate [MM/DD/YYYY]	\$	
Full Name of Contributor			Line Line			
House # Str	reet Address			ate [MM/DD/YYYY]	\$	
City	State	Zip Code	<u> </u>	ate [MM/DD/YYYY]	\$	
Description of Contributi	ion					
Full Name of Contributor			<u> </u>	ate [MM/DD/YYYY]	\$	
House # St	reet Address		2	Pate [MM/DD/YYYY]	\$	
City	State	Zip Code		ate [MM/DD/YYYY]	\$	
Description of Contribut	lon	[194] 1 CONTROL OF STATE OF ST	:si			
Full Name of Contributo				Date [MM/DD/YYYY]	5	
House # St	reet Address	<u> </u>	<u> </u>	ate [MM/DD/YYYY]	\$	
City	State	Zip Code		Pate [MM/DD/YYYY]	\$	
Description of Contribution						
Full Name of Contributo	•		<u> </u>		5.	
House'# St	reet Address			Date [MM/DD/YYYYY]	\$	
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribut	ion					
Full Name of Contributo	ı			Date [MM/DD/YYYY]	\$	
House #	rreet Address		Me	Date [MM/DD/YYYY]	5	
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
Description of Contribut	tion					

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

COMMITTEE TO ELECT JUNI WINAKKI (CITY COUNCIL)	Filer Identification Number:	COMMITTEE TO ELECT HM WINARSKLICH	TY COUNCIL)			
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<u> </u>		
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/XYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Establish to a Kara Sasa	Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
Citý	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Proposition	Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution

Statement of Expenditures

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The state of the s	cotto					
Claw Mantification Burnham	\$.~\bar{\pi}					
FIRE THE PROPERTY OF THE PROPE	300					
	COMMITTEE TO ELECT JI	NA VANNIA DOME JOSTV COLIS	NICH Y			
Security and the control of the cont	SSECCIMINALLER FOR ELECTIVE	IN WINAKSKI ICII I COUI	NCILI			
	30 CONTINUED TO					
Filer identification Number:	282					

	.			Date [MM/DD/YYYY]	\$
To Whom Paid					
House #	Street Address			Description of Expenditu	re
City	1 Sec. 2002, 805 5; 2500, 00, 00, 00, 00, 00, 00, 00, 00, 00,	State	Zip Code		
To Whom Paid					\$
House #	Street Address			Description of Expenditur	(8)
City		State	Zip Code		
To Whom Pald	-				\$
House #	Street Address			Description of Expenditu	re
City	, , , , , , , , , , , , , , , , , , ,	State	Zip Code		
To Whom Paid					\$
House #	Street Address			Description of Expenditu	re
City	Secretary Contraction and Contraction of Contraction	State	Zip Code		
To Whom Paid	·	Transport State and			\$
House#	Street Address			Description of Expenditu	re
City	To be embry construction of the state of the	State	Zip Code		
To Whom Paid				-	\$
House #	Street Address			Description of Expenditu	re
City	1 元を表れている。	State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	*
House #	Street Address			Description of Expenditu	ire
City	\$25.78 1899/9444-05 ", 00088580.00 to \$100.0	State	Zip Code		
To Whom Paid					\$
House #	Street Address			Description of Expenditu	ire .
City		State	Zip Code		

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	COMMITTEE TO ELECT JIM WINARSKI (CITY COUNCIL)		

Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$.
City		State Zip Code	
Description of Debt		The second section 1	
Name of Creditor			Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED. [MM/DD/YYYY]	§
City		State Zip Code	_
Description of Debt			
Name of Creditor		Sugar Wales Wales Wales Wales and Sugar Sugar Sugar	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State Zip Code	
Description of Debt			
Name of Creditor		William of the state of the sta	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State Zip Code	
Description of Debt			